

(1) PLACE OF BIRTH

County of OconeeTownship of SenecaInc. Town of Seneca

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only
20478Registration District No. 203Registered No. 16
(For use of Local Registrar)(2) Full Name of Child Jack Gibson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 27, 1923</u> (Name of Month) (Day) (Year)
-------------------------------	---	------------------------------	---------------------------------------	---

FATHER.

(8) FULL NAME Seneca Gibson(9) PRESENT POSTOFFICE OF FATHER Seneca S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Oconee County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Thelma Harney(15) PRESENT POSTOFFICE OF MOTHER Seneca S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Oconee County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 9 P.M. on the date above stated. (Born alive or stillborn Hour M. or P.M.)(23) (Signature) Mrs. O. L. Thresher(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Seneca S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Seneca S.C. Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.